2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90246 031 ****61.25

DOCUMENT # 764401

1. Entity Name
REGION NO. 16 OF AFTCA, INC.

14UU9126

Principal Place of Business	Mailing Address
155 EAST 21ST STREET JACKSONVILLE, FL 32206 US	155 EAST 21ST STREET JACKSONVILLE, FL 32206 US

02032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2215732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILTON, JOHN 155 EAST 21ST STREET JACKSONVILLE, FL 32206	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, DON 7541 MOTES RD BRYCEVILLE, FL 32009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eddie Sholar - 1st VP P.O Box 776 Leesburg, GA 31763	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILTON, JOHN 155 EAST 21ST STREET JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bart Cookson 10426 MacCraken Road Tallahassee, FL 32309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Secretary/Treasurer HOLLEY, CHAD ~~6151 HENLEY WAY~~ 6102 Co. Rd 37 ~~MONTGOMERY, AL 36117~~ Hope Hull, AL 36043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Woody Watson 1822 Blue Springs Ln. Albany GA, 31707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, LUKE PO BOX 3950 JACKSON, GA 30233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eddie Gibbs Rt. 2 Box 168 Marion Junction, AL 36759	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - 2nd VP STALLINGS, RICK P.O. DRAWER 70040 MONTGOMERY, AL 36107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hoyt Henley P.O. Drawer 21009 Montgomery, AL 36121	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COPELAND, LARRON 1031 SPEIR ROAD BRONWOOD, GA 31726	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bud Moore 8871 Hwy 28 W. Catherine, AL 36728	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. Milton, Jr. 4/28/2005 (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #